Order Form

WALTERS' SWIM SUPPLIES, INC.
Website: www.walterswim.com Email: walterswim@sbcglobal.net
In WI: 1-262-790-9199 Fax: 1-262-790-9043 Toll Free: 1-800-558-0428

DATE:_____ **NEED BY DATE:**_____

Invoice To

Institution:_____
PO Number: _____ DATE: _____
Contact Name:_____
Address:_____
City:_____
State: _____ Zip Code: _____
Phone ( )_____

Ship To

Institution:_____
PO Number: _____
Contact Name:_____
Address:_____
City:_____
State: _____ Zip Code:_____
Phone ( )_____

Qty.	Catalog Number	Page	Description	Unit Price	Total

METHOD OF PAYMENT

	Personal Check Must call for approval first		Institutional Invoice, NET 30 days	**Sub Total**	
	Institution Check		Master Card	**Shipping**	
	COD add $10.00 charge		Visa	**Sales Tax**	
				Total	

PAYMENT INFORMATION

Credit Card Number
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Exp. Day
|_|_|_|_|
Month / Year

Signature: _____

CVC2# _____ **Check Number** _____

SHIPPING ESTIMATES

Merchandise Weight	Estimated Shipping
1-2 Pounds	$ 6.00 - $ 10.00
2-10 Pounds	$ 8.00 - $ 15.00
10 Pounds +	$ 15.00+ CALL

- Express and out of continental US shipping is extra.
- Heavy pool equipment freight shipping is extra. (Fins included)
- Contact Walters Swim Supplies for accurate shipping charges.
- Customer is responsible for furnishing accurate shipping info. Customer will be charged for any charges related to these inaccurate shipping instructions.
- Written quotes must be requested in writing.

**Please Fax or Mail this Order Form if it contains any confidential account information.*